



Outreach Program
Wisconsin Educational Services Program for
the Deaf and Hard of Hearing
Elizabeth Burmaster, State Superintendent
Wisconsin Department of Public Instruction
Alex H. Slappey, Director WESPDHH
Marcy Dicker, Director Outreach Program



OUTREACH SERVICES REQUEST FORM

Date _____

Contact Person _____ Title _____

School District _____ School _____

Address _____

Street City State Zip

Telephone _____ Email _____

Purpose of Referral _____

Check One:

- ☐ Initial Evaluation for the IEP team Due date _____ ☐ Visual Impairment
☐ 3 year re-evaluation for the IEP team Due date _____ ☐ Other disability: _____
☐ Annual IEP meeting Due date _____
☐ Other Time line _____

Other comment _____

Child Name _____ Birth date _____

Parent/Guardian _____ telephone _____

Address _____

Street City State Zip

Email _____

School District of Residence _____ School Child Attends _____

Grade _____ Special Education Director _____

Telephone _____ Email _____

Have the parents consented to this evaluation? ☐ yes ☐ no

Has the special education director approved this request? ☐ yes ☐ no

Who else is on the child's educational team?

Name	Role	Telephone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Complete form / save as attachment / return via email to:

marcy.dicker@wesp-dhh.wi.gov

or print completed form and fax to:

Attn: M. Dicker @ (262)787-9501

WESP-DHH Outreach 19601 Bluemound Rd. Suite 200, Brookfield, WI 53045

Referral submitted by _____ contact info.: _____

For Staff Use:

Date: _____

Lead: _____

Team members:
